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MARYLAND HEALTH CARE COMMISSION

Gross and Net 2018 Bed Need Projection for Medical/Surgical/Gynecological/Addictions and Pediatric Beds by Jurisdiction

In accordance with the requirements of COMAR 10.24.10.05F(4)(f) and 10.24.10.05G(4)(f), the Maryland Health Care Commission (MHCC) publishes the following notice of jurisdictional gross and net bed need for medical/surgical/ gynecological/ addictions (MSGA) beds and pediatric beds. These jurisdictional gross and net bed need projections will apply in the review of Certificate of Need (CON) applications acted on by MHCC after the date of their publication. Updated projections published in the Maryland Register supersede any published in either the Maryland Register or any plan approved by MHCC. Published projections of gross bed need remain in effect until MHCC publishes updated acute care hospital bed need projections. Projections of net bed need can change during the interim between bed need projection updates as a result of changes in the number of licensed MSGA and pediatric beds and changes in approved beds resulting from MHCC CON or CON exemption decisions, or changes to correct errors in the data or computation.

Gross and Net Bed Need Projection for MSGA Beds: Maryland, 2018

Jurisdiction	Gross Bed Need — 2018		Licensed and Approved Beds	Net Bed Need (Net of Currently Licensed and Approved Beds)—2018	
	Minimum	Maximum		Minimum	Maximum
WESTERN MARYLAND					
Allegany	208	240	229	-21	11
Frederick	222	267	219	3	48
Garrett	37	42	28	9	14
Washington	183	221	214	-38	7

MONTGOMERY COUNTY					
Montgomery	995	1,193	1,094	-99	99
SOUTHERN MARYLAND					
Calvert	98	111	93	5	18
Charles	119	136	119	0	17
Prince George's	671	787	663	8	124
St. Mary's	131	149	95	36	54
CENTRAL MARYLAND					
Anne Arundel	514	601	551	-37	50
Baltimore City	2,585	3,058	3,361	-776	-303
Baltimore County	1,167	1,336	1,041	126	295
Carroll	194	221	169	25	52
Harford	309	351	277	32	74
Howard	166	200	170	-4	30
EASTERN SHORE					
Cecil	109	124	122	-13	2
Dorchester	49	57	38	11	19
Kent	57	67	46	11	21
Somerset	13	15	8	5	7
Talbot	126	136	100	26	36
Wicomico	273	336	320	-47	16
Worcester	70	75	55	15	20

Gross and Net Bed Need Projection for Pediatric Beds: Maryland, 2018

Jurisdiction	Gross Bed Need— 2018		Licensed and Approved Beds	Net Bed Need (Net of Currently Licensed and Approved Beds)—2018	
	Minimum	Maximum		Minimum	Maximum
WESTERN MARYLAND					
Allegany	6	7	5	1	2
Frederick	7	8	10	-3	-2
Garrett	2	2	1	1	1
Washington	7	8	10	-3	-2
MONTGOMERY COUNTY					
Montgomery	34	37	59	-25	-22
SOUTHERN MARYLAND					
Calvert	4	4	2	2	2
Charles	3	4	4	-1	0
Prince George's	5	5	14	-9	-9
St. Mary's	6	6	6	0	0
CENTRAL MARYLAND					
Anne Arundel	15	17	19	-4	-2
Baltimore City	178	197	258	-80	-61
Baltimore County	24	26	22	2	4
Carroll	5	6	7	-2	-1
Harford	12	14	6	6	8
Howard	9	10	6	3	4

EASTERN SHORE					
Cecil	5	6	3	2	3
Dorchester	0	0	0	0	0
Kent	3	3	3	0	0
Somerset	0	0	0	0	0
Talbot	7	7	8	-1	-1
Wicomico	8	9	8	0	1
Worcester	0	0	0	0	0

Gross Bed Need

The minimum and maximum gross bed need projections shown in the tables were calculated using the methodologies outlined in COMAR 10.24.10.05, using a base year of 2008 and a target year of 2018.

Licensed and Approved Bed Inventory

The licensed and approved bed inventory has two components. First, for every jurisdiction, this inventory number includes the total number of MSGA or pediatric beds designated within the total acute care license of all of the hospitals in that jurisdiction for FY2010. (These licensed bed numbers can be found at Table 1 of the *Annual Report on Selected Maryland Acute Care and Special Hospital Services: Fiscal Year 2010*, available on the MHCC web site.)

Secondly, for some jurisdictions, the licensed and approved inventory also includes beds that were approved, through the CON process, as additions to bed capacity at hospitals in those jurisdictions. This only applies to CONs issued after October, 2000, when the current acute care hospital bed licensure law went into effect and rebased the licensed bed inventory of every general hospital. If a CON was issued to a hospital after October, 2000, that authorized the hospital to construct a number of MSGA or pediatric beds that exceeded the number of licensed MSGA or pediatric beds at that hospital in the fiscal year in which the CON was issued, this may have an impact on the bed inventory of these tables, as follows:

- If the number of designated MSGA or pediatric beds within the total acute care license of that hospital for FY2010 equals or exceeds the total number of MSGA or pediatric beds approved for that hospital in the CON, then no additional beds are added to the jurisdictional inventory for purposes of bed need projection. The licensed and approved bed inventory will simply be the total number of MSGA or pediatric beds designated within the total acute care licenses of all of the hospitals in that jurisdiction for FY2010; or
- If the number of designated MSGA or pediatric beds within the total acute care license of that hospital for FY2010 is less than the total number of MSGA or pediatric beds

approved for that hospital in the CON, then additional beds are added to the jurisdictional inventory for purposes of bed need projection. The additional number of beds is the difference between the total number of MSGA or pediatric beds approved for any hospital in that jurisdiction through the CON process and the total number of MSGA or pediatric beds designated within the total acute care licenses of all of the hospitals in that jurisdiction for FY2010.

Net Bed Need

The minimum and maximum net bed need projections shown in the tables are the difference between the minimum and maximum gross bed need projections and the licensed and approved bed inventory.

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